

## Medical Coverage Policy | Adrenal to Brain Transplantation



**EFFECTIVE DATE:** 02/06/2010  
**POLICY LAST UPDATED:** 04/15/2014

### OVERVIEW

The transplantation of adrenal medullary tissue to the corpus striatum is intended to ameliorate the motor and postural dysfunctions of Parkinson's disease. Striatal dopamine is depleted in Parkinson's disease patients. The rationale for the procedure is that adrenal tissue may restore dopamine activity in the corpus striatum. Adrenal-to-brain transplantation can involve either autografts or fetal allografts.

### PRIOR AUTHORIZATION

Not applicable

### POLICY STATEMENT

#### BlueCHiP for Medicare and Commercial

Adrenal-to-brain transplantation with autograft or fetal allograft is considered not medically necessary due to the lack of published medical literature which demonstrates the efficacy of this procedure.

### MEDICAL CRITERIA

Not Applicable

### BACKGROUND

The transplantation of adrenal medullary tissue to the corpus striatum is intended to ameliorate the motor and postural dysfunctions of Parkinson's disease. Striatal dopamine is depleted in Parkinson's disease patients. The rationale for the procedure is that adrenal tissue may restore dopamine activity in the corpus striatum. Adrenal-to-brain transplantation can involve either autografts or fetal allografts.

Autotransplantation entails simultaneous adrenalectomy and craniotomy with subsequent implantation of adrenal medullary tissue. Adrenal tissue is usually implanted in fragments into the caudate nucleus at the margin of the lateral ventricle, such that the tissue is exposed to cerebrospinal fluid (CSF). Tissue fragments can be anchored in place with surgical staples or with Gelfoam®. Besides the caudate nucleus, the putamen has also been used as an implantation site. Open microsurgical insertion of the tissue has been used in addition to stereotactic localization and implantation using a cannula. Allografting involves harvesting adrenal tissue from an aborted fetus. The surgical techniques are the same as autotransplantation, with the exception of the adrenalectomy.

There are scarce data in the published, peer-reviewed scientific literature regarding the current clinical use of adrenal-to-brain transplantation in humans for any indication. In a systematic review of the literature, the Agency for Healthcare Research and Quality ([AHRQ], 2003) noted that there is a lack of efficacy and substantial morbidity associated with the procedure for the treatment of Parkinson disease (PD).

The American Academy of Neurology (1999) recommended that adrenal-to-brain transplantation for the treatment of Parkinson's disease is not acceptable for safety reasons.

## COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable Services Not Medically Necessary coverage.

## CODING

### Blue CHiP for Medicare and Commercial

The following code is considered not medically necessary for Adrenal tissue transplant to brain:

S2103

## RELATED POLICIES

None

## PUBLISHED

Provider Update June 2014

Provider Update May 2012

Provider Update Apr 2012

Provider Update Jun 2011

Provider Update Apr 2010

## REFERENCES

Agency for Healthcare Research and Quality, US Dept. of Health and Human Services. Diagnosis and Treatment of Parkinson's Disease: A Systematic Review of the Literature. Evidence Report/Technology Assessment No 57, 2003. Available at URL address <http://archive.ahrq.gov/downloads/pub/evidence/pdf/parkinsons/parkinsons>

Hallet M, Litvan I. Evaluation of Surgery for Parkinson's Disease: A report of the therapeutics and technology assessment subcommittee of the American Academy of Neurology. Neurology. 1999; 53 (9):1910-1921.

**CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

